



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

3627 41  
81754.0057

In re application of:

Tsuyoshi YOKOTA, et al.

Serial No: 09/821,730

Filed: March 28, 2001

For: ORDER ALLOCATION MANAGEMENT METHOD  
AND ORDER ALLOCATION MANAGEMENT SYSTEM

Art Unit: 3627

Examiner: Florian M. Zeender

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
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June 1, 2004

Date of Deposit  
Anthony J. Orlor, Reg. No. 41,232

Signature: *[Signature]* Date: 06/01/04

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P.O. Box 1450  
Alexandria, VA 22313-1450

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JUN 1 4 2004

Dear Sir:

**GROUP 3600**

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
- ☐ A certified copy of \_\_ Patent Application No. \_\_ filed \_\_ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
- ☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

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	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	37	-20	45        **	0	LG=\$18 SM=\$9	\$18	\$    0
INDEPENDENT CLAIMS FEE	5	-3	6        ***	0	LG=\$86 SM=\$43	\$86	\$    0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145		\$    0
TOTAL							\$    0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ -0- to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ -0- to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON, L.P.

By: *[Signature]*

Anthony J. Orlor  
Registration No. 41,232  
Attorney for Applicant(s)

Date: June 1, 2004

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Anthony J. Orler, Reg. No. 41,232

Name

Signature

06/01/04

Date

**RESPONSE TO RESTRICTION REQUIREMENT**

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement dated May 3, 2004, Applicant elects for prosecution the claims of Group I, claims 1-5 and 7-38, without traverse. Claim 6 was cancelled via Preliminary Amendment on January 9, 2002.

If there are any fees due in connection with the filing of this response, please charge the fees to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON, L.L.P.

By: 

Anthony J. Orler

Registration No. 41,232

Attorney for Applicant(s)

Date: June 1, 2004

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